10053536

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

05918-220001

CLAIMS AS FILED - PART (Column 2)								SMALL ENTITY			OTHER THAN		
TOTAL CLAIMS			9 50		(Column 2)		1 .	TYPE		OR	SMALL		
FOR			0-57				ŀ	RATE	FEE		RATE	FEE	
			NUMBER FILED		NUME	IBER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			52 minus 20=		• 32			X\$ 9=		OR	X\$18=	576	
┡	DEPENDENT C			inus 3 =	• 3			X42=		ОЯ	X84=	-252	
M	JLTIPLE DEPE	NDENT CLAIM P			A		+140=		OR	+280=	280		
* 11	the difference	e in column 1 is	less than z	s than zero, enter "0" in column 2			ı	TOTAL		OR	TOTAL	1848	
/ / CLAIMS AS AMENDED - PART II]	OTHER		
_	5/28/04	(Column 1)	(Column 2)			(Column 3)		SMALL	ENTITY	OR	SMALL		
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 29	Minus	4 5	2	= 🖎		X\$ 9=		OR	X\$18=		
	Independent	* 2 NTATION OF M	Minus	PENDENT	CLAIM	= 80		X42=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=		
· ·								TOTAL DOIT, FEE		OR	TOTAL ADDIT, FEE		
	•	(Column 1)	<u>. </u>		DUII. PEE		•	ADDII. FEE					
AMENDMENT B		CLAIMS REMAINING		HIGH! NUME		(Column 3) PRESENT	ÌΓ		ADDI-			ADDI-	
		AFTER AMENDMENT		PREVIO PAID F	USLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X42=		OR	X84=		
	FIND I FREDE	NTATION OF MU	LIPLE DEP	ENDENT	CLAIM		▎┟						
	•	•					L	+140=		OR	+280=		
							A	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOL PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	<u> </u>	
	Indep ndent	*	Minus	Add		=	╽┢	X42=		רי ו			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							^~2=		OR	X84=		
* If th entry in column 1 is less than the entry in column 2, write "0" in column 3.													
H	the High st Nur	nber Previousiv Pa	id For IN THIS	SPACE is:	iess than	20. enter "20 "	An	TOTAL DOIT. FEE		OR ,	TOTÁL DOIT, FEE		
1	i ere rrignest Num h "Highest Num	mber Previously Pa ber Previously Paid	no For IN THIS I For (Total or	s SPACE is Independer	less than ti) is the l	i 3, enter "3." highest number		_	opriate box				